## **INFORMATION REGARDING TAX RELIEF CLAIM (HCD 498.0)**

The Tax Relief Claim form is used when a mobilehome has been destroyed and the owner wishes to obtain a replacement mobilehome and have the taxes or renewal fees assessed at the rate of the destroyed mobilehome.

This form, when completed by the registered owner and signed by the county tax assessor of the county where the replacement mobilehome is located, is submitted to the Department of Housing and Community Development (HCD). (See Chapter 13 for additional information regarding Disaster Tax Relief.)

Instructions for completing this form are as follows:

- 1. Enter the trade name, year model and enter the descriptive information for the destroyed mobilehome: decal number(s), year, manufacturer serial number(s), trade name, and the length and width.
- 2. Enter the county and situs address of the destroyed mobilehome.
- 3. Enter the date the unit was destroyed and the cause of the destruction.
- 4. Enter the date and place (city and state) where the form was signed, the signature, printed name and address of the registered owner.
- 5. Enter the trade name, year model and enter the descriptive information for the replacement mobilehome: decal number(s), year, manufacturer serial number(s), trade name, and the length and width.

## STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS REGISTRATION AND TITLING PROGRAM



## **TAX RELIEF CLAIM**

		OF DESTROYED MANUFACTURED NUFACTURED HOUSING	HOME, MOBIL	EHOME, OR	
MANUFACTURER TRAD	E NAME:	YEAR MO	YEAR MODEL:		
DECAL/LICENSE NUMBER(S)		MANUFACTURER SERIAL NUMBER(S)	LENGTH	WIDTH	
SECTION II.	STATEMENT OF	FACTS			
The manufactured home     The manufactured home	e, mobilehome, or multi-	d a total loss for insurance purposes.  Funit manufactured housing was located in the county  Funit manufactured housing was located at the follow  Funit manufactured housing was destroyed on		esult of:	
SECTION III.	CERTIFICATION	V			
I/We certify under penalty of	of perjury under the laws	s of the State of California that the foregoing is true a	nd correct.		
Executed on	at	City		State	
Signature:					
Printed Name:					
Address:					
		OF REPLACEMENT MANUFACTURED NUFACTURED HOUSING	HOME, MOBII	LEHOME, OR	
MANUFACTURER TRAD	E NAME:	YEAR MO	DDEL:		
DECAL/LICENSE NUMBER(S)		MANUFACTURER SERIAL NUMBER(S)	LENGTH	WIDTH	
			1	ĺ	

(SEE REVERSE SIDE)

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SECTION V.	COUNTY ASSESSOR STA	ATEMENT	
manufactured ho	o be completed by the assestme, mobilehome, or multi-tevenue and Taxation Code.		<u>-</u>
I, the undersigned multi-unit manufac		escribed replacement manuf	actured home, mobilehome, or
	comparable in size, utility a nome, or multi-unit manufactu		l destroyed manufactured
2. The owner is [ Code.	, is noteligible for the ta	ax relief provided by Section	172.1, Revenue and Taxation
	Signature of Assessor		Title
	County	Telephone Number	
To: County As The manufactor Section IV., "D Manufactured taxation and th The departme manufactured Home, Mobile Loc this	PARTMENT OF HOUSING AN assessor  ured home, mobilehome, or magescription of Replacement Magescription of this form, has been provisions of Section 172.1 and the records indicate that the representation of the magescribed in SECTION and Property Taxation on the date form.  uicle License fees on the date in The total registration fees an aufactured home/mobilehome	nulti-unit manufactured housi anufactured Home, Mobileho en determined to be subject (b) Revenue and Taxation ( manufactured home, mobileho on I., "Description of Destroy ared Housing" was subject to ate of destruction as indicated in of destruction as indicated in	ing described in ome, or Multi-unit to local property Code.  nome, or multi-unit yed Manufactured or multi-unit of this on the destroyed

Department of Housing and Community Development Division of Codes and Standards Registration and Titling Program

Signature of HCD Representative

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Date